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CONFIRMATION NO. 1187

Bib Data Sheet

SERIAL NUMBER 10/718,638	FILING OR 371(c) DATE 11/24/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. P1714
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APPLICANTS

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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/05/2004

ADDRESS

ABBR

TITLE

Low-profile distal protection device

FILING FEE RECEIVED 1216.	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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